

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	932	1,180	248
Emergency Shelter Total	94	83	-11
Safe Haven Total	0	0	0
Transitional Housing Total	154	161	7
Total Sheltered Count	248	244	-4
Total Unsheltered Count	684	936	252

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	849
Emergency Shelter Total	442
Safe Haven Total	0
Transitional Housing Total	407

3A-2. Performance Measure: First Time Homeless.

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

To identify risk factors: housing providers regularly discuss risk factors at CoC meetings. Local govt's have commissioned a housing market analysis, expected to reveal a lack of affordable housing, which puts people at risk of homelessness. VI-SPDAT is now used by all outreach teams. To address 1st time homelessness: CoC works with Family Resource Centers who provide financial literacy & credit ed. classes to individuals & families at risk. The CoC has partnered with 2-1-1 to bring prevention experience to CE system. Individuals & families seeking DHHS (Collab App) assistance are connected with benefits & referred to TH and PH depending on needs. DHHS uses TANF funds for security deposits & first/last month’s rent. A county program provides bus tickets for those who have identified housing/work in another county. Candidates are identified thru outreach and when applying for benefits. HHHC coordinates with faith communities to reach families who might not approach CoC providers.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

Currently: Length of time homeless is recorded in HMIS at intake to any CoC program. To reduce length of time homeless, at shelter intake families receive housing access training & are automatically referred to appropriate housing resources. New CalWorks RRH funding (as well as one new CoC RRH project if funded), will reduce barriers and increase access. The CoC has dedicated all PH to CH in efforts to move CH persons quickly into housing once identified. Upcoming: The coordinated entry system, if funded, will play a large role in identifying and housing those with the longest lengths of time homeless using the VI-SPDAT and a priority list (intending to house this data in HMIS). Beyond CE, to reduce the length of time homeless, the CoC will strive in its performance monitoring work to regularly review community-wide data on length of time homeless among individuals and families and incorporate this data into evaluation and strategic resource allocation processes.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	305
Of the persons in the Universe above, how many of those exited to permanent destinations?	232
% Successful Exits	76.07%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	49
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	47
% Successful Retentions/Exits	95.92%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

CoC projects have a high housing retention rate; more than 75% of PH participants stay in housing 1+ year & less than 15% return to non-permanent destinations. To track recidivism, 1. HMIS captures previous episodes of homelessness and destination at exit, tracking whether a participant exiting a project goes to a permanent destination or exits to homelessness. 2. Data is reviewed yearly when projects are evaluated & scored in the local competition. 3. Because our CoC has a small population and relationships between homeless housing & service providers are unusually vibrant, in many cases people experiencing additional spells of homelessness are already known to our providers. HHHC relies on the strength of its network to keep program participants from returning to homelessness: projects frequently refer participants to each other's organizations when different or additional services are needed to keep a participant in stable housing.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

CoC has been successful in assisting participants to increase income: on avg participants in CoC funded projects increase income from entry to follow-up/exit, & more than 70% of our CoC-funded project participants access mainstream benefits. NON EMPLOYMENT: In the past yr the CoC has successfully referred participants to DHHS (Collab Applicant, the organization responsible), which connects people with WIC, food stamps, MediCal, & rapid access to public health and child welfare services. No income is required for CoC PSH participants. After entry, individuals are assisted in obtaining cash & non-cash benefits, including GA, MediCal, & SSI. EMPLOYMENT: To gain/increase employment related income, CoC-funded projects frequently refer eligible participants to the DHHS (organization responsible) Job Market, a one-stop workforce system that connects participants to job search assistance, workshops, training, & counseling, including specific resources for seniors, youth, and veterans.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

In a county as geographically isolated and sparsely populated as Humboldt County, few mainstream employment organizations exist to aid homeless individuals and families in increasing their income. As such, existing organizations, CoC and non-CoC-funded, must work collaboratively and creatively to connect participants to opportunities to increase their income. 100% of CoC funded projects are connected to the primary employment agency in the county, DHHS (Collaborative Applicant): DHHS provides case management to all CoC PSH participants. All projects refer participants to DHHS's Employment Training Division, where if eligible they are connected to the Job Market, the county's comprehensive workforce resource center. Case managers check in regularly with participants on their progress after referral. Outside of the County DHHS, the CoC also has a relationship with the state Employment Development Department (EDD). An estimated 20% of CoC project participants are connected to EDD.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

1. To reach the full geographic area and special unsheltered populations, the CoC has multiple outreach teams. RCAA operates Project RAVEN, a peer-led youth outreach program. DHHS operates Mobile Outreach (SOS) that reaches the full geography of the county. DHHS + Eureka PD together staff the locally funded Mobile Intervention & Services Team. A mental health clinician rides with officers to provide crisis response in alternative to criminalization. SOS and MIST have formerly homeless staff. 2. Outreach teams develop case management plans to identify barriers to housing and remove barriers by: connecting clients directly to housing (thru PSH for CH persons, locally funded RRH, public housing, Section 8, relationships with private landlords) and by connecting them to mainstream benefits and employment resources. MAC houses homeless persons encountered by outreach while PH is located. Once clients are in housing DHHS provides supportive services to reduce returns to homelessness.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

Not applicable. In efforts to generate the most accurate PIT count possible, the CoC did not exclude any specific geographic areas from the unsheltered PIT count.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	260	392	132
Sheltered Count of chronically homeless persons	10	15	5
Unsheltered Count of chronically homeless persons	250	377	127

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The total number of unsheltered and sheltered chronically homeless persons in the CoC reported in the PIT count increased from the 2013 and 2014 unsheltered and sheltered counts to the 2015 count. This increase can be attributed in large part to improved PIT count methodology, especially in the unsheltered count. The 2013 unsheltered PIT count was conducted only in known areas and did not encompass the entire geography. The 2015 count was intensified especially in the southern part of the county and in outlying areas of the county, made possible by the use of GIS tools and maps (tools not used in the 2013 unsheltered count) to get a more accurate picture of the number of homeless individuals and families in the county. As a result of more rigorous methodology and geographic coverage, the number of persons identified increased.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

HHHC prioritized CoC funds for PSH for CH, so all CoC-funded PSH beds are dedicated for CH. Each year the number of CH beds in our CoC increases. Our outcomes for keeping this population housed exceed HEARTH goals (PH participants in our CoC remain housed, on average, over 2 years.) We will continue to prioritize CoC funds for PSH for CH & increase the number of PSH units available.

1. We will create additional CoC-funded PSH beds. In 2014, we expect a new CoC-funded 6-bed PSH for CH project to begin operations. DHHS working to develop PSH for CH individuals with serious mental illness using multiple funding sources.
2. In 2013, we incentivized TH projects to reallocate funds to PSH for CH persons. We accordingly created 2 new PSH projects in 2013 with funds reallocated from TH and HMIS: Crossroads to Housing (12 CH with AOD needs) & TAY Division (4 CH persons ages 18-26.)
3. HHHC uses PIT data to identify gaps in housing & services for CH people to advocate for additional CH beds.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

- 1. Part 1 - January 2015. This is an ongoing strategy. The 2013 HIC counted 34 CoC-funded PSH beds for CH; the CoC currently has 49 CoC funded PSH beds for CH, well above the 6 add'l beds promised.
- Part 2 – September 2015. The newly opened Arcata Bay Crossing project has 15 beds of PSH for CH persons.
- 2. Crossroads to Housing was not funded. TAY Division was successfully funded and became operational January 2015. This is an ongoing strategy: in 2015 we created 1 new PSH project from voluntarily reallocated TH funds (Best Chance PSH – 13 CH adults).
- 3. This is an ongoing strategy, at the 07/2015 CoC general meeting, HHHC discussed the PIT data, gaps it identified, and asked its members to help create additional PSH beds.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	60	89	29

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

There was an increase in dedicated CH beds in the CoC, because dedicated PSH for CH persons is a top HHHC priority. Between the 2014 HIC and the 2015 HIC 29 additional beds were dedicated to CH persons – all 25 beds in Apartments First! Project were dedicated, and a new MHSA PSH project came on line with 4 dedicated CH beds. Since the 2015 HIC an expansion of an existing PSH project and a new project for CH TAY brought 10 more CH dedicated beds into the CoC. The CoC continues to examine PIT and HIC data to set community priorities, and there is ongoing need for PSH for CH in the community. The CoC seeks every opportunity to fund and dedicate these resources.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. Pages 5-6

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	0
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	0
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	0
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	0.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

STRATEGIES: HHC prioritized CoC funds for PSH for CH persons, so all CoC-funded PSH beds are dedicated for chronically homeless persons. Each year the number of CH beds in our CoC increases. Our outcomes for keeping this population housed exceed HEARTH goals (PH participants in our CoC remain housed, on average, over 2 years.) We will continue to prioritize CoC funds for PSH for CH & increase the number of PSH units available. The CoC has also focused efforts on street outreach services to the more service-resistant chronically homeless persons in the county. The mobile outreach team covers the wide geographic area of the county to engage unsheltered CH persons in services, helping to facilitate enrollment in Medi-Cal and supportive case management. RESOURCES NEEDED: Overall, despite our diligence in serving CH, the resources we receive are not scaled to our need. With 377 unsheltered CH, our 49 beds (every permanent CoC bed we have) barely touches the problem.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Usage of emergency systems	<input checked="" type="checkbox"/>
Health concerns	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Homeless families are a top HHC priority. HHC plans to 1. Draw on experience operating a successful HPRP program through the creation of RRH. HHC participating organizations continue to apply for ESG to bring more of this needed resource for families to the county. Application for 12 add'l beds of CoC RRH are being submitted this year. 2. DHHS will continue using CalWORKS funds to provide first/last month's rent & security deposits to reduce barriers to housing for & quickly rehouse families. DHHS uses CalWORKS to provide families up to 6 mos. of services including rent, and recently received nearly \$500,000 in CalWORKS funds for RRH. 3. The CE system plans to use the VI-SPDAT for families to assess families at intake and those determined appropriate for RRH will be directed to available resources. 4. All of the renewal CoC funded programs serving families are low-barrier and do not screen out families based on factors that do not have a bearing on their future housing success.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	33	33

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	105	83	-22
Sheltered Count of homeless households with children:	50	59	9
Unsheltered Count of homeless households with children:	55	24	-31

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of homeless households with children in the CoC reported in the 2015 PIT count decreased from the 2013 unsheltered and 2014 sheltered PIT counts. This is attributable in part to improved PIT count training: in 2013 PIT volunteers incorrectly counted persons living in mobile homes and trailers as homeless even though they are not living in places meant for human habitation. This error in counting affected the number of homeless families counted. Additionally, since 2013, 25 additional PH beds for households with children have become available in the CoC as the CoC has intensified its commitment to addressing the often invisible population of homeless families in the community.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	No
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Health concerns	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	5	5

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$603,129.00	\$603,129.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$68,614.00	\$68,614.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$534,515.00	\$534,515.00	\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	27

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

The CoC coordinator works closely with the County Office of Education, including its Homeless Education Coordinator, a CoC member. The County's only RHY recipient sits on the Executive Board, & our several TAY projects are considered best practices. Head Start offers on-site services to children under 2 at the MAC (former CoC project) & serves children in all HHC family projects. Housing & service providers across the entire CoC are required to post notice of students' rights under the McKinney-Vento Act, explain those rights to families & youth at intake, and assist families and students in exercising those rights. Agencies keep track of the enrollment and attendance of students in their care and collaborate with local schools. All CoC family providers maintain designated staff to coordinate with the Liaisons, the FRCs, teachers, the COE, housing & benefits counselors, & other appropriate stakeholders. The Ranking Cmte annually monitors CoC-funded agencies to ensure compliance.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

1. The County Office of Education (COE) Homeless Education Coordinator is HHC member. Schools have Family Resource Centers (FRCs) located on-site; FRC staff regularly meet with school administrators and the Liaisons to identify homeless or at-risk families. All CoC family providers maintain designated staff to coordinate with the Liaisons, the FRCs, teachers, the COE, housing and benefits counselors, and other appropriate stakeholders.
2. Our McKinney Education Liaison regularly collaborates with our family projects to refer eligible clients to housing and track the progress of homeless students. For families with students who have Independent Education Plans, which are designed for special education students, agencies coordinate with the school to ensure the student has adequate support. CoC-funded organizations that serve youth are encouraged to gather students' report cards and grading information, truancy and suspension notices, and other communications with school staff.
3. Housing and service providers across the entire CoC are required to post notice of students' rights under the McKinney-Vento Act, explain those rights to families and youth at intake, and assist families and students in exercising those rights. They are also required to designate staff that will be responsible for ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to. The Ranking Cmte annually monitors CoC-funded agencies to ensure compliance.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	123	145	22
Sheltered count of homeless veterans:	43	53	10
Unsheltered count of homeless veterans:	80	92	12

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of sheltered & unsheltered veterans in the CoC in the 2015 PIT count increased as compared to the 2013 unsheltered PIT count & the 2014 sheltered PIT count. This increase in the unsheltered can be attributed in large part to improved PIT count methodology. The 2013 unsheltered PIT count was conducted only in known areas & did not encompass the entire geography. The count was intensified especially in the southern part of the county & in outlying areas to get a more complete picture. As a result of more rigorous methodology & geographic coverage, the number of homeless persons identified, including homeless veterans, increased. A general increase in the number of homeless veterans in the area may account for the increase in the sheltered count. Despite this increase, it should be noted that North Coast Veterans Resource Center operates roughly 1/3 of the housing available as reported in the HIC, and the CoC is making every effort to identify and house homeless veterans.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

North Coast Veterans Resource Ctr (NCVRC) (Exec Cmte Member) is the primary veterans-serving organization in the county & has a host of VA-funded veterans' housing options: HUD-VASH, SSVF, & a GPD TH program. 1. (local fund) Mobile outreach identifies veterans through on-board intake and assessment processes, & refers any veterans to the NCVRC to determine eligibility for VA services and benefits. 2. (VA funded) NCVRC works with the veteran to determine eligibility; If the veteran is eligible, s/he is placed into the veterans' housing intervention that suits his/her needs. Because of the CoC's relationship with NCVRC, all CoC organizations who encounter a homeless veteran immediately engage with NCVRC to refer the veteran for the most appropriate VA funded resource. The coordinated entry system will further streamline this process. Representatives from NCVRC provide updates & guidance to the CoC on the best ways to ensure a veteran is receiving the benefits to which s/he is entitled.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

When the Coordinated Entry system comes on line, the CoC has established that, through a partnership with North Coast Veterans Resource Center, homeless veterans who enter the system will be assessed for their eligibility for VA services, including housing options in the county such as SSVF and HUD-VASH. Those who are determined to not be eligible for VA benefits will be referred back to CoC programs and will be prioritized over a similarly situated non-veteran for any appropriate unit that becomes available.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	86	145	68.60%
Unsheltered count of homeless veterans:	36	92	155.56%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The housing and service needs of veterans is a top priority of the CoC. Disabled unsheltered veterans in our CoC are particularly unlikely to seek housing and services due to a distrust of government assistance. Most of this population camps in a rural area of the county, which Street Outreach Services visits regularly with meals and information. North Coast Veterans Resource Center, a nonprofit not affiliated with the VA, also does special outreach to this population in attempts to mitigate service resistance. A permanent supportive housing stock that is far outstripped by the demand in the community remains a primary barrier to ending Veteran homelessness in Humboldt County.

NOTE: Total PIT count of sheltered and unsheltered homeless veterans in 2009/2010 is an estimate based on 2011 unsheltered veteran count. The CoC did not do an unsheltered subpopulation count in 2009 or 2010.